ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 194

Place of Birth Safford (Registration District) County Graham No. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male	1		2

DATE OF BIRTH* March 30 1936 (Month) (Day) (Year)

FULL NAME FATHER James Albert Matthews

FULL* MAIDEN NAME MOTHER Eunora E. Morris

I HEREBY CERTIFY that the child described herein has been named

Morris J. Matthews (Give name in full) (Surname)

(Parent's Signature)

G. H. Langdon (Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 6/20/41

(Filed April 1936 #194)

542-430-342

MAY 11 1938

MAROON RESERVED FOR BINDING